

Image# 12951659950

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**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

American Academy of Neurology BrainPAC

ADDRESS (number and street)

509b 2nd St NE

Lower Level

☒ (Check if address is changed)

Washington

DC

20002

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

mamery@aan.com

☒ (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.BrainPAC.org

☒ (Check if address is changed)

2. DATE

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2012

3. FEC IDENTIFICATION NUMBER

C C00435933

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Mr. Timothy J. Engel

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)